

~~RESTRICTED~~

CLASSIFICATION CHANGED

HEADQUARTERS  
EUROPEAN THEATER OF OPERATIONS  
UNITED STATES ARMY

TO OPEN  
AUTH. WD Cir 162, June 47  
DATE 3 March 1949

Office of the Chief Surgeon

APC 887

ARMY

MEDICAL

III - 2 1946

CIRCULAR LETTER NO. 1

LIBRARY

1 January 1945

Ch Surg 315 (Sec I)  
Ch Surg 400.93 (Sec II)  
Ch Surg 702.3 (Sec III)

Follow-up Card, Form 306 - - - - - Section I  
Reclamation of Platinum Salvage - - - - - Section II  
Preservation and Disposition of Ophthalmic Pathologic Material - Section III

SECTION I. Follow-up Card, Form 306.

1. Form 306 is a "follow-up card" initiated by medical officers in forward areas, requesting medical officers of fixed hospitals to return the cards to the originating officer with comments on the condition of patients on arrival. This procedure was instituted to enable medical officers in forward areas to learn of the progress of cases which they had treated, and to aid in providing the best possible early care to casualties. Failure to complete and return these cards defeats the purpose of the program.

2. Commanding officers of all fixed hospitals will take immediate steps to ensure that a careful search is made of all FMR jackets for such cards, and that they are properly completed and returned to the originator.

SECTION II. Reclamation of Platinum Salvage.

1. Instructions have been received from the War Department that a critical shortage of platinum exists in the United States and it is necessary to reclaim all salvage containing platinum. Medical items listed below contain platinum.

Item 4193500 - Crucible platinum  
Item 4489000 - Wire, platinum, No 22

In addition to these items, there may be in the theater some platino-iridium spinal needles.

2. Any items of medical supply which contain platinum and which are un-serviceable will be packaged securely and delivered by courier or forwarded by registered APC mail as shown below:

Organizations on the Continent to Depot M-107, APC 887.  
Organizations in the U. K. to Depot G-30, APC 413 (Medical Section).

All packages will be clearly marked as to contents and that they are being re-

- 1 -

~~RESTRICTED~~

430090



turned under the provisions of this circular. The two depots mentioned above will report monthly to this office the quantity of platinum salvage on hand for disposition.

SECTION III. Preservation and Disposition of Ophthalmic Pathologic Material.

1. The large amount of ophthalmic specimens that are being obtained during this war will be the basis of many valuable studies by the authorities of the Army Medical Museum. However, many specimens for histologic study and museum purposes are being received at the Army Medical Museum from the ETO improperly preserved. Some, apparently through curiosity, have been opened after enucleation and intra-ocular foreign bodies removed. Others are not accompanied by the necessary information as to the nature and extent of injury or disease, and duration of the condition prior to removal.

2. The following policy will govern the collection, preservation and disposition of all ophthalmic tissue specimens:

a. The unopened eyeball, or as much of the specimen as possible, will first be wrapped in a piece of paper upon which is written in pencil, the name, Army Serial Number, and rank of the individual from whom it was removed, and the essential data, to include medical or surgical diagnosis, right or left eye, time of onset or injury, type of injury, and, if possible, the missile responsible, the progress of the case and the date of removal. The medical officer will clearly print his name, rank, Army Serial Number, unit, and APO number at the bottom of the sheet. The specimen will then be wrapped with gauze, securely tied, and then placed in a bottle or jar containing enough 10% formaldehyde solution to cover it. The jar will be labelled, showing the patient's name, Army Serial Number and rank.

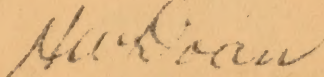
b. Specimens removed at autopsy, whether or not the eye is considered to have been normal, are particularly valuable and should be collected whenever possible.

c. In pertinent cases the entire orbital contents will be removed in bulk and similarly treated.

d. The specimen will be turned over to the Chief of the Laboratory Service in the hospital for forwarding to the First General Medical Laboratory, APO 519, which, in turn, will forward the specimen to the Army Medical Museum, Washington, D. C., for study and report.

3. The medical officer who initially forwards the specimen should keep a personal record of the case in order to obtain a copy of the report and a slide of the sectioned specimen from the museum if so desired.

By order of the Chief Surgeon:

  
H. W. DORN,  
Colonel, Medical Corps,  
Executive Officer.